2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #756255 1. Entity Name RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.



FILED Feb 23, 2007 8:00 am **Secretary of State**

02-23-2007 90029 001 ****61.25

| Principal Place of Business UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE, HW TEMPLE TERRACE, HE TERRACE, HW TEMPLE TERRACE, HE |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1042007 Chg-NP CR2E037 (12/06) City & State City & State City & State Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name DUARTE III, ANTONIO Street Address (P.O. Box Number is Not Acceptable) LAND O LAKES BLVD LAND O LAKES, FL 34639 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAME DWYER, TOM SIRET ADDRESS 5128 PURITAN CIRCLE TAMPA, FL 33617 III. SUIte, Apt. #, etc. O1042007 Chg-NP CR2E037 (12/06) A. FEI Number Squared Agent Status Desired Agent Status |
| City & State Country Country Country Country S. Certificate of Status Desired S. 8.75 Additional Fee Required Fee Required Fee Required City Name City Street Address of New Registered Agent Name City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip |
| Zip Country Zip Country 59-218235 Not Applicable See Required See Required See Required See Required See Required See Required Street Address of New Registered Agent DUARTE III, ANTONIO 6221 LAND O LAKES BLVD LAND O LAKES BLVD LAND O LAKES, FL 34639 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Signature, hyped or pristed name of registered agent and ble if applicable. (NOTE: Registered Agent signature required when rematating) Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees For it is applicable Signature, hyped or pristed name of registered agent and ble if applicable. (NOTE: Registered Agent signature required when rematating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State DWYER, TOM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33617 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33617 Country 5. Certificate of Status Desired Street Address of New Registered Agent Fee Required 7. Name and Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable |
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| NAME TURNER, PAT NAME STREET ADDRESS 5136 PURITAN CIRCLE STREET ADDRESS STREET AD |
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| NAME MAZUR, JAN |
| STREET ADDRESS 5134 PURITAN CIRCLE STREET ADDRESS |
| CITY-ST-ZIP TAMPA, FL 33617 CITY-ST-ZIP |
| TITLE DT Delete TifLE Change Addition |
| NAME MCCARTHY, RONALD NAME |
| STREET ADDRESS 7819 NIAGARA AVE. CITY-SI-ZIP TAMPA, FL 33617 CITY-SI-ZIP |
| |
| TITLE D . Delete TITLE Change Addition I NAME RILEY_RICHARD NAME |
| STREET ADDRESS 7823 NIAGRA AVE STREET ADDRESS |
| CITY-ST-ZIP TAMPA, FL 33617 CITY-ST-ZIP |
| TITLE D State TITLE Change Addition |
| NAME ANDERSON, ALAN NAME |
| STREET ADDRESS 7853 NIAGARA AVE. STREET ADDRESS |
| CITY-SI-ZIP TAMPA, FL 33617 CITY-SI-ZIP |

Indepty certify that the information supplied with this filling does not qualify for the eventplions certained in Chapter 119, rounds statutes. Indirect certain that inclination indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ronald McCarthy

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